



General Assembly

January Session, 2013

***Raised Bill No. 6322***

LCO No. 2686

\*02686\_\_\_\_\_INS\*

Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS'  
RECOMMENDATIONS FOR TECHNICAL AND MINOR CHANGES TO  
THE INSURANCE AND RELATED STATUTES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-8 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2013*):

3 (a) The commissioner shall see that all laws respecting insurance  
4 companies and health care centers are faithfully executed and shall  
5 administer and enforce the provisions of this title. The commissioner  
6 [has] shall have all powers specifically granted, and all further powers  
7 that are reasonable and necessary to enable the commissioner to  
8 protect the public interest in accordance with the duties imposed by  
9 this title. The commissioner shall pay to the Treasurer all the fees  
10 [which he] that the commissioner receives. The commissioner may  
11 administer oaths in the discharge of [his] the commissioner's duties.

12 (b) The commissioner shall recommend to the General Assembly  
13 changes [which] that, in [his] the commissioner's opinion, should be

14 made in the laws relating to insurance.

15 (c) In addition to the specific regulations [which] that the  
16 commissioner is required to adopt, the commissioner may adopt such  
17 further regulations, in accordance with the provisions of chapter 54, as  
18 are reasonable and necessary to implement the provisions of this title.  
19 [Regulations shall be adopted in accordance with the provisions of  
20 chapter 54.]

21 (d) The commissioner shall develop a program of periodic review to  
22 ensure compliance by the Insurance Department with the minimum  
23 standards established by the National Association of Insurance  
24 Commissioners for effective financial surveillance and regulation of  
25 insurance companies operating in this state. The commissioner shall  
26 adopt regulations, in accordance with the provisions of chapter 54,  
27 pertaining to the financial surveillance and solvency regulation of  
28 insurance companies and health care centers as are reasonable and  
29 necessary to obtain or maintain the accreditation of the Insurance  
30 Department by the National Association of Insurance Commissioners.  
31 The commissioner shall maintain [ ] as confidential [ ] any confidential  
32 documents or information received from the National Association of  
33 Insurance Commissioners, or the International Association of  
34 Insurance Supervisors, or any documents or information received from  
35 state or federal insurance, banking or securities regulators or similar  
36 regulators in a foreign country, [which] that are confidential in such  
37 jurisdictions. The commissioner may share any information, including  
38 confidential information, with the National Association of Insurance  
39 Commissioners, the International Association of Insurance  
40 Supervisors, or state or federal insurance, banking or securities  
41 regulators or similar regulators in a foreign country, [so long as]  
42 provided the commissioner determines that such entities agree to  
43 maintain the same level of confidentiality in their [jurisdiction]  
44 jurisdictions as is available in this state. [The] At the expense of a  
45 domestic, alien or foreign insurer, the commissioner may engage the

46 services of [, at the expense of a domestic, alien or foreign insurer,]  
47 attorneys, actuaries, accountants and other experts not otherwise part  
48 of the commissioner's staff as may be necessary to assist the  
49 commissioner in the financial analysis of the insurer, the review of the  
50 insurer's license applications, and the review of transactions within a  
51 holding company system involving an insurer domiciled in this state.  
52 No duties of a person employed by the Insurance Department on  
53 November 1, 2002, shall be performed by such attorney, actuary,  
54 accountant or expert.

55 (e) The Insurance Commissioner shall establish a program to reduce  
56 costs and increase efficiency through the use of electronic methods to  
57 transmit documents, including policy form and rate filings, to and  
58 from insurers and the Insurance Department. The commissioner may  
59 sit as a member of the board of a consortium organized by or in  
60 association with the National Association of Insurance Commissioners  
61 for the purpose of coordinating a system for electronic rate and form  
62 filing among state insurance departments and insurers.

63 (f) The commissioner shall maintain [ ] as confidential [ ]  
64 information obtained, collected or prepared in connection with  
65 examinations, inspections or investigations, and complaints from the  
66 public received by the Insurance Department, if such records are  
67 protected from disclosure under federal law or state statute or, in the  
68 opinion of the commissioner, such records would disclose, or would  
69 reasonably lead to the disclosure of: (1) Investigative information the  
70 disclosure of which would be prejudicial to such investigation, until  
71 such time as the investigation is concluded; or (2) personal, financial or  
72 medical information concerning a person who has filed a complaint or  
73 inquiry with the Insurance Department, without the written consent of  
74 the person or persons to whom the information pertains.

75 [(g) Not later than January 1, 2006, the Insurance Commissioner  
76 shall develop a plan to maintain a viable medical malpractice  
77 insurance industry in this state for physicians and surgeons, hospitals,

78 advanced practice registered nurses and physician assistants. Such  
79 plan shall be submitted to the Governor upon its completion.]

80 Sec. 2. Subsection (b) of section 38a-9 of the general statutes is  
81 repealed and the following is substituted in lieu thereof (*Effective*  
82 *October 1, 2013*):

83 (b) (1) The Division of Consumer Affairs shall provide an  
84 independent arbitration procedure for the settlement of disputes  
85 between claimants and insurance companies concerning automobile  
86 physical damage and automobile property damage liability claims in  
87 which liability and coverage are not in dispute. Such procedure shall  
88 apply only to disputes involving private passenger motor vehicles as  
89 defined in subsection (e) of section 38a-363, as amended by this act.  
90 Any company licensed to write private passenger automobile  
91 insurance, including collision, comprehensive and theft, in this state  
92 shall participate in the arbitration procedure. The commissioner shall  
93 appoint an administrator for such procedure. Only those disputes in  
94 which attempts at mediation by the Division of Consumer Affairs have  
95 failed shall be accepted as arbitrable. The referral of the complaint to  
96 arbitration shall be made by the Insurance Department examiner who  
97 investigated the complaint. Each party to the dispute shall pay a filing  
98 fee of twenty dollars. The insurance company shall pay the [consumer]  
99 claimant the undisputed amount of the claim upon written notification  
100 from the department that the complaint has been referred to  
101 arbitration. Such payment shall not affect any right of the [consumer]  
102 claimant to pursue the disputed amount of the claim.

103 (2) The commissioner shall prepare a list of at least ten persons, who  
104 have not been employed by the department or an insurance company  
105 during the preceding twelve months, to serve as arbitrators in the  
106 settlement of such disputes. The arbitrators shall be members of any  
107 dispute resolution organization approved by the commissioner. One  
108 arbitrator shall be appointed to hear and decide each complaint.  
109 Appointment shall be based solely on the order of the list. If an

110 arbitrator is unable to serve on a given day, or if either party objects to  
111 the arbitrator, then the next arbitrator on the list shall be selected. The  
112 department shall schedule arbitration hearings as often, and in such  
113 locations, as it deems necessary. Parties to the dispute shall be  
114 provided written notice of the hearing at least ten days prior to the  
115 hearing date. The commissioner may issue subpoenas on behalf of the  
116 arbitrator to compel the attendance of witnesses and the production of  
117 documents, papers and records relevant to the dispute. Decisions shall  
118 be made on the basis of the evidence presented at the arbitration  
119 hearing. Where the arbitrator believes that technical expertise is  
120 necessary to decide a case, such arbitrator may consult with an  
121 independent expert recommended by the commissioner. The arbitrator  
122 and any independent technical expert shall be paid by the department  
123 on a per dispute basis as established by the commissioner. The  
124 arbitrator, as expeditiously as possible but not later than fifteen days  
125 after the arbitration hearing, shall render a written decision based on  
126 the information gathered and disclose the findings and the reasons to  
127 the parties involved. The arbitrator shall award filing fees to the  
128 prevailing party. If the decision favors the [consumer] claimant, the  
129 decision shall provide specific and appropriate remedies including  
130 interest at the rate of fifteen per cent per year on the arbitration award  
131 concerning the disputed amount of the claim, retroactive to the date of  
132 payment for the undisputed amount of the claim. The decision may  
133 include costs for loss of use and storage of the motor vehicle and shall  
134 specify a date for performance and completion of all awarded  
135 remedies. Notwithstanding any provision of the general statutes or  
136 any regulation, the Insurance Department shall not amend, reverse,  
137 rescind, or revoke any decision or action of any arbitrator. The  
138 department shall contact the [consumer] claimant not later than ten  
139 business days after the date for performance, to determine whether  
140 performance has occurred. Either party may make application to the  
141 superior court for the judicial district in which one of the parties  
142 resides or, when the court is not in session, any judge thereof for an  
143 order confirming, vacating, modifying or correcting any award, in

144 accordance with the provisions of sections 52-417, 52-418, 52-419 and  
145 52-420. If it is determined by the court that either party's position after  
146 review has been improved by at least ten per cent over that party's  
147 position after arbitration, the court may grant to that party its costs and  
148 reasonable attorney's fees. No evidence, testimony, findings, or  
149 decision from the department arbitration procedure shall be  
150 admissible in any civil proceeding, except judicial review of the  
151 arbitrator's decision as contemplated by this subsection.

152 (3) The department shall maintain records of each dispute,  
153 including names of parties to the arbitration, the decision of the  
154 arbitrator, compliance, the appeal, if any, and the decision of the court.  
155 The department shall annually compile such statistics and send a copy  
156 to the committee of the General Assembly having cognizance of  
157 matters relating to insurance. The report shall be considered a public  
158 document.

159 Sec. 3. Section 38a-14 of the general statutes is repealed and the  
160 following is substituted in lieu thereof (*Effective October 1, 2013*):

161 (a) The commissioner shall, as often as [he] the commissioner deems  
162 it expedient, examine into the affairs of any insurance company or  
163 health care center doing business in this state, any corporation or  
164 association collecting data utilized by any such insurance company in  
165 the underwriting of insurance policies and any corporation organized  
166 under any law of this state or having an office in this state, which  
167 corporation is engaged in, or claiming or advertising that it is engaged  
168 in, organizing or receiving subscriptions for or disposing of stock of, or  
169 in any manner aiding or taking part in the formation or business of, an  
170 insurance company or companies, or [which] that is holding the capital  
171 stock of one or more insurance corporations for the purpose of  
172 controlling the management thereof, as voting trustees or otherwise.

173 (b) In scheduling and determining the nature, scope and frequency  
174 of the examinations, the commissioner shall consider such matters as

175 the results of financial statement analyses and ratios, changes in  
176 management or ownership, actuarial opinions, reports of independent  
177 certified public accountants and such other criteria as set forth in the  
178 examiners' handbook adopted by the National Association of  
179 Insurance Commissioners and in effect at the time the commissioner  
180 exercises discretion under this section.

181 (c) (1) To carry out examinations under this section, the  
182 commissioner may appoint [, as examiners,] one or more competent  
183 persons [, not] as examiners, who shall not be officers of, [or]  
184 connected with or interested in any insurance company, other than as  
185 [a policyholder] policyholders. The commissioner may engage the  
186 services of attorneys, appraisers, independent actuaries, independent  
187 certified public accountants or other professionals and specialists as  
188 examiners to assist [him] the commissioner in conducting the  
189 examinations under this section, [as examiners,] the cost of which shall  
190 be borne by the company [which] that is the subject of the  
191 examination.

192 (2) In conducting the examination, the commissioner, [his] the  
193 commissioner's actuary or any examiner authorized by the  
194 commissioner may examine, under oath, the officers and agents of  
195 such a company, health care center, corporation or association and all  
196 persons deemed to have material information regarding the  
197 company's, health care center's, corporation's or association's property  
198 or business. Each such company, health care center, corporation or  
199 association, or its officers and agents, shall produce the books and  
200 papers [,] in its or their possession, relating to its business or affairs,  
201 and any other person may be required to produce any book or paper  
202 [,] in [his] such person's custody [,] that is deemed to be relevant to  
203 such examination, for [the] inspection [of] by the commissioner, [his]  
204 the commissioner's actuary or examiners. [, when required.] The  
205 officers and agents of the company, health care center, corporation or  
206 association shall facilitate the examination and aid the examiners in

207 making the same so far as it is in their power to do so. The refusal of  
208 any company, by its officers, directors, employees or agents, to submit  
209 to examination or to comply with any reasonable written request of the  
210 examiners shall be grounds for suspension of, [or] refusal of or  
211 nonrenewal of any license or authority held by the company to engage  
212 in an insurance or other business subject to the commissioner's  
213 jurisdiction. Any such proceedings for suspension, revocation or  
214 refusal of any license or authority shall be conducted pursuant to  
215 subsection (c) of section 38a-41.

216 (3) In conducting the examination, the examiner shall observe those  
217 guidelines and procedures set forth in the examiners' handbook  
218 adopted by the National Association of Insurance Commissioners. The  
219 commissioner may also adopt such other guidelines or procedures as  
220 the commissioner may deem appropriate.

221 (d) In lieu of an examination under this section of any foreign or  
222 alien insurer licensed in this state, the commissioner may accept [until  
223 January 1, 1994,] an examination report on [the company] such insurer  
224 prepared by the insurance department for the company's state of  
225 domicile or port-of-entry state [. Thereafter, such reports may only be  
226 accepted] if (1) such state's insurance department was, at the time of  
227 the examination, accredited under the National Association of  
228 Insurance Commissioners' financial regulation standards and  
229 accreditation program, or (2) the examination is performed under the  
230 supervision of an accredited insurance department or with the  
231 participation of one or more examiners who are employed by such an  
232 accredited state insurance department and who, after a review of the  
233 examination workpapers and report, state under oath that the  
234 examination was performed in a manner consistent with the standards  
235 and procedures required by their insurance department.

236 (e) (1) Nothing contained in this section shall be construed to limit  
237 the commissioner's authority to terminate or suspend any examination  
238 in order to pursue legal or regulatory action pursuant to the insurance

239 laws of this state. Findings of fact and conclusions made pursuant to  
240 any examination shall be prima facie evidence in any legal or  
241 regulatory action.

242 (2) Nothing contained in this section shall be construed to limit the  
243 commissioner's authority in such legal or regulatory action to use and,  
244 if appropriate, to make public any final or preliminary examination  
245 report, any examiner or company workpapers or other documents, or  
246 any other information discovered or developed during the course of  
247 any examination.

248 (3) Not later than sixty days following completion of the  
249 examination, the examiner in charge shall file, under oath, with the  
250 Insurance Department a verified written report of examination. Upon  
251 receipt of the verified report, the Insurance Department shall transmit  
252 the report to the [company] entity examined, together with a notice  
253 [which] that shall afford the [company] entity examined a reasonable  
254 opportunity, not to exceed thirty days, to make a written submission  
255 or rebuttal with respect to any matters contained in the examination  
256 report. Not later than thirty days after the period allowed for the  
257 receipt of written submissions or rebuttals, the commissioner shall  
258 fully consider and review the report, together with any written  
259 submissions or rebuttals and any relevant portions of the examiner's  
260 workpapers and enter an order: (A) Adopting the examination report  
261 as filed or with modification or corrections. If the examination report  
262 reveals that the [company] entity is operating in violation of any law,  
263 regulation or prior order of the commissioner, the commissioner may  
264 order the company to take any action the commissioner considers  
265 necessary and appropriate to cure such violation; (B) rejecting the  
266 examination report with directions to the examiners to reopen the  
267 examination for purposes of obtaining additional data, documentation  
268 or information, and refiling pursuant to [subparagraph (A) of] this  
269 subdivision; or (C) calling for an investigatory hearing with not less  
270 than twenty days' notice to the company for purposes of obtaining

271 additional documentation, data, information and testimony.

272 (f) (1) All orders entered pursuant to subdivision (3) of subsection  
273 (e) of this section shall be accompanied by findings and conclusions  
274 resulting from the commissioner's consideration and review of the  
275 examination report, relevant examiner workpapers and any written  
276 submissions or rebuttals. The findings and conclusions [ , which] that  
277 form the basis of any such order of the commissioner [ ,] shall be  
278 subject to review as provided in section 38a-19.

279 (2) Any investigatory hearing conducted under subparagraph (C) of  
280 subdivision (3) of subsection (e) of this section by the commissioner or  
281 the commissioner's authorized representative, shall be conducted as a  
282 nonadversarial confidential investigatory proceeding as necessary for  
283 the resolution of any inconsistencies, discrepancies or disputed issues  
284 apparent (A) upon the filed examination report, (B) raised by or as a  
285 result of the commissioner's review of relevant workpapers, or (C) by  
286 the written submission or rebuttal of the company. Not later than  
287 twenty days after the [conclusions] conclusion of any such hearing, the  
288 commissioner shall enter an order pursuant to subparagraph (A) of  
289 subdivision (3) of subsection (e) of this section. The commissioner shall  
290 not appoint an examiner as an authorized representative to conduct  
291 the hearing. The hearing shall proceed expeditiously with discovery by  
292 the [company] entity limited to the examiner's workpapers that tend to  
293 substantiate any assertions set forth in any written submission or  
294 rebuttal. The commissioner or [his] the commissioner's authorized  
295 representative may issue subpoenas for the attendance of any  
296 witnesses or the production of any documents deemed relevant to the  
297 investigation, whether under the control of the department, the  
298 [company] entity or other persons. The documents produced shall be  
299 included in the record and testimony taken by the commissioner or  
300 [his] the commissioner's authorized representative shall be under oath  
301 and preserved for the record. Nothing contained in this section shall  
302 require the department to disclose any information or records that

303 would indicate or show the existence or content of any investigation or  
304 activity of a criminal justice agency. The hearing shall proceed with the  
305 commissioner or [his] the commissioner's authorized representative  
306 posing questions to the persons subpoenaed. Thereafter, the  
307 [company] entity and the Insurance Department may present  
308 testimony relevant to the investigation. Cross-examination shall be  
309 conducted only by the commissioner or [his] the commissioner's  
310 authorized representative. The [company] entity and the Insurance  
311 Department shall be permitted to make closing statements and may be  
312 represented by counsel of their choice.

313 (g) The commissioner may, if [he] the commissioner deems it in the  
314 public interest, publish any such report, or the result of any such  
315 examination contained therein, in one or more newspapers of the state.

316 (h) The commissioner shall, at least once in every five years, visit  
317 and examine the affairs of each domestic insurance company, health  
318 care center, domestic fraternal benefit society, and foreign and alien  
319 insurance company doing business in this state. Notwithstanding  
320 subdivision (1) of subsection (c) of this section, no domestic insurance  
321 company or other domestic entity subject to examination under this  
322 section shall pay as costs associated with the examination the salaries,  
323 fringe benefits, traveling and maintenance expenses of examining  
324 personnel of the Insurance Department engaged in such examination if  
325 such domestic company or entity is otherwise liable to assessment  
326 levied under section 38a-47, except that a domestic insurance company  
327 or other domestic entity shall pay the traveling and maintenance  
328 expenses of examining personnel of the Insurance Department when  
329 such company or entity is examined outside the state.

330 (i) Nothing contained in this section shall prevent or be construed as  
331 prohibiting the commissioner from disclosing the content of an  
332 examination report, preliminary examination report or results, or any  
333 matter relating thereto, to the Insurance Department of this or any  
334 other state or country, or to law enforcement officials of this or any

335 other state or to any agency of the federal government at any time, so  
336 long as such agency or office receiving the report or matters relating  
337 thereto agrees, in writing, to hold [it] such report and matters relating  
338 thereto confidential.

339 (j) All [working papers] workpapers, recorded information,  
340 documents and copies thereof produced by, obtained by or disclosed  
341 to the commissioner or any other person in the course of an  
342 examination made under this section shall be given confidential  
343 treatment, shall not be subject to subpoena and shall not be made  
344 public by the commissioner or any other person, except to the extent  
345 provided in subsection (i) of this section. [Access] The commissioner  
346 may grant access to such [information may be granted by the  
347 commissioner] workpapers, recorded information, documents and  
348 copies thereof to the National Association of Insurance  
349 Commissioners, [so long as it] provided said association agrees, in  
350 writing, to hold [it] such workpapers, recorded information,  
351 documents and copies thereof confidential.

352 (k) (1) The commissioner may from time to time engage, on an  
353 individual basis, the services of [, from time to time, on an individual  
354 basis,] qualified actuaries, certified public accountants [,] or other  
355 similar individuals who are independently practicing their professions,  
356 even though said persons may from time to time be similarly  
357 employed or retained by persons subject to examination under this  
358 section.

359 (2) No cause of action shall arise nor shall any liability be imposed  
360 against the commissioner, the commissioner's authorized  
361 representatives or any examiner appointed by the commissioner for  
362 any statements made or conduct performed in good faith while  
363 carrying out the provisions of this section.

364 (3) No cause of action shall arise, nor shall any liability be imposed  
365 against any person for the act of communicating or delivering

366 information or data to the commissioner or the commissioner's  
367 authorized representative examiner pursuant to an examination made  
368 under this section, if such act of communication or delivery was  
369 performed in good faith and without fraudulent intent or the intent to  
370 deceive.

371 (4) This section [does] shall not abrogate or modify in any way any  
372 common law or statutory privilege or immunity heretofore enjoyed by  
373 any person identified in subdivision (2) of this subsection.

374 (5) A person identified in subdivision (2) of this subsection shall be  
375 entitled to an award of attorney's fees and costs if such person is the  
376 prevailing party in a civil cause of action for libel, slander or any other  
377 relevant tort arising out of activities in carrying out the provisions of  
378 this section and the party bringing the action was not substantially  
379 justified in doing so. For purposes of this section, a proceeding is  
380 "substantially justified" if it had a reasonable basis in law or fact at the  
381 time that it was initiated.

382 Sec. 4. Section 38a-53 of the general statutes is repealed and the  
383 following is substituted in lieu thereof (*Effective October 1, 2013*):

384 (a) (1) Each domestic insurance company or health care center shall,  
385 annually, on or before the first day of March, submit to the  
386 commissioner, and electronically to the National Association of  
387 Insurance Commissioners, a true and complete report, signed and  
388 sworn to by its president or a vice president, and secretary or an  
389 assistant secretary, of its financial condition on the thirty-first day of  
390 December next preceding, prepared in accordance with the National  
391 Association of Insurance Commissioners annual statement instructions  
392 handbook and following those accounting procedures and practices  
393 prescribed by the National Association of Insurance Commissioners  
394 accounting practices and procedures manual, subject to any deviations  
395 in form and detail as may be prescribed by the commissioner. An  
396 electronically filed report in accordance with section 38a-53a that is

397 timely submitted to the National Association of Insurance  
398 Commissioners [does] shall not exempt a domestic insurance company  
399 or health care center from timely filing a true and complete paper copy  
400 with the commissioner.

401 (2) Each accredited reinsurer, as defined in subdivision (1) of  
402 subsection (c) of section 38a-85, and assuming insurance company, as  
403 provided in section 38a-85, shall file an annual report in accordance  
404 with the provisions of section 38a-85.

405 (b) Each foreign insurance company doing business in this state  
406 shall, annually, on or before the first day of March, submit to the  
407 commissioner, by electronically filing with the National Association of  
408 Insurance Commissioners, a true and complete report, signed and  
409 sworn to by its president or a vice president, and secretary or an  
410 assistant secretary, of its financial condition on the thirty-first day of  
411 December next preceding, prepared in accordance with the National  
412 Association of Insurance Commissioners annual statement instructions  
413 handbook and following those accounting procedures and practices  
414 prescribed by the National Association of Insurance Commissioners  
415 accounting practices and procedures manual, subject to any deviations  
416 in form and detail as may be prescribed by the commissioner. An  
417 electronically filed report in accordance with section 38a-53a that is  
418 timely submitted to the National Association of Commissioners [is]  
419 shall be deemed to have been submitted to the commissioner in  
420 accordance with this section.

421 (c) In addition to such annual report, the commissioner, when [he]  
422 the commissioner deems it necessary, may require any insurance  
423 company or health care center doing business in this state to file  
424 financial statements on a quarterly basis. An electronically filed true  
425 and complete report filed in accordance with section 38a-53a that is  
426 timely filed with the National Association of Insurance Commissioners  
427 shall be deemed to have been submitted to the commissioner in  
428 accordance with the provisions of this section.

429 (d) In addition to such annual report and the quarterly report  
430 required under subsection (c) of this section, the commissioner,  
431 whenever the commissioner determines that more frequent reports are  
432 required because of certain factors or trends affecting companies  
433 writing a particular class or classes of business or because of changes  
434 in the company's management or financial or operating condition, may  
435 require any insurance company or health care center doing business in  
436 this state to file financial statements on other than an annual or  
437 quarterly basis.

438 (e) Any insurance company or health care center doing business in  
439 this state [which] that fails to file any report or statement required  
440 under this section shall pay a late filing fee of one hundred seventy-  
441 five dollars per day for each day from the due date of such report or  
442 statement to the date of filing.

443 (f) Each insurance company or health care center doing business in  
444 this state shall include in all reports required to be filed with the  
445 commissioner under this section a certification by an actuary or reserve  
446 specialist of all reserve liabilities prepared in accordance with  
447 regulations [which] that shall be adopted by the commissioner in  
448 accordance with chapter 54. The regulations shall: (1) Specify the  
449 contents and scope of the certification; (2) provide for the availability  
450 to the commissioner of the workpapers of the actuary or loss reserve  
451 specialist; and (3) provide for granting companies or centers  
452 exemptions from compliance with the requirements of this subsection.  
453 The commissioner shall maintain, as confidential, all workpapers of  
454 the actuary or loss reserve specialist and the actuarial report and  
455 actuarial opinion summary provided in support of the certification.  
456 Such workpapers, reports and summaries shall not be subject to  
457 subpoena or disclosure under the Freedom of Information Act, as  
458 defined in section 1-200.

459 Sec. 5. Subparagraph (M) of subdivision (1) of subsection (b) of  
460 section 38a-130 of the general statutes is repealed and the following is

461 substituted in lieu thereof (*Effective October 1, 2013*):

462 (M) An acknowledgment by the person filing such statement that  
463 such person and all subsidiaries in the insurance holding company  
464 system within such person's control will provide such information as  
465 the commissioner may request to evaluate enterprise risk to the  
466 insurance company; and

467 Sec. 6. Subdivision (2) of subsection (a) of section 38-132 of the  
468 general statutes is repealed and the following is substituted in lieu  
469 thereof (*Effective October 1, 2013*):

470 (2) (A) The effect of the merger or other acquisition of control would  
471 be to substantially lessen competition of insurance in this state or tend  
472 to create a monopoly herein. The commissioner shall consider the  
473 information required under subdivision (1) of subsection (c) of section  
474 38a-131 and the considerations specified in subdivision (1) of  
475 subsection (d) of section 38a-131 in evaluating the effect of the merger  
476 or other acquisition of control on competition in this state.

477 (B) The commissioner shall not disapprove the merger or other  
478 acquisition of control on the basis of [this] subparagraph (A) of this  
479 subdivision if the commissioner finds that a situation as described in  
480 subdivision (2) of subsection (e) of section 38a-131 exists.

481 (C) The commissioner may condition the approval of the merger or  
482 other acquisition of control on the correction or removal, within a  
483 specified period of time, of the basis of the commissioner's disapproval  
484 under [this] subparagraph (A) of this subdivision;

485 Sec. 7. Section 38a-162 of the general statutes is repealed and the  
486 following is substituted in lieu thereof (*Effective October 1, 2013*):

487 (a) No person shall engage in the business of financing insurance  
488 premiums, secured by any insurance premium finance agreement, in  
489 this state without having first obtained from the commissioner a

490 license to act as an insurance premium finance company. Any person  
491 who engages in the business of financing insurance premiums, secured  
492 by any insurance premium finance agreement, in this state without  
493 first obtaining a license as herein provided shall, upon conviction be  
494 guilty of a class A misdemeanor.

495 (b) All licenses issued under the provisions of sections 38a-160 to  
496 38a-170, inclusive, shall expire on the thirtieth day of June following  
497 the date of their issuance. At the time of application for an insurance  
498 premium finance company license and for every annual renewal  
499 thereof, [there shall be paid] the applicant shall pay to the  
500 commissioner the sum of fifty dollars. If a license is not issued, the  
501 commissioner shall return the fee. [shall be returned.]

502 (c) Any person applying for an insurance premium finance license  
503 or for the renewal of any such license, shall file with the commissioner  
504 sworn answers to such interrogatories as [he] the commissioner may  
505 require and any person who intentionally makes any false answer to  
506 any such interrogatory shall be guilty of perjury.

507 (d) The commissioner may at any time require any applicant for a  
508 license under sections 38a-160 to 38a-170, inclusive, [fully] to disclose  
509 fully the identity of all stockholders, partners, officers and employees  
510 of [his] the applicant's firm, partnership or corporation. [, and he] The  
511 commissioner may refuse to issue or renew any license under said  
512 sections in the name of any firm, partnership or corporation if [he] the  
513 commissioner is satisfied that any officer, employee, stockholder or  
514 partner thereof, may materially influence the applicant's conduct [so  
515 that he] such that the applicant does not meet the standards or  
516 qualifications required of a licensee under said sections.

517 Sec. 8. Section 38a-163 of the general statutes is repealed and the  
518 following is substituted in lieu thereof (*Effective October 1, 2013*):

519 (a) Each applicant for an insurance premium finance company

520 license or for any renewal of such license shall file with the  
521 commissioner a written application in such manner and form as the  
522 commissioner shall prescribe, [together] with [said] the fee [of fifty  
523 dollars which fee shall be returned to the applicant if such license is  
524 not granted] specified under section 38a-162, as amended by this act.

525 (b) Upon the filing of an application and payment of the license fee,  
526 the commissioner shall [make an investigation of] investigate the  
527 applicant and shall issue an insurance premium finance company  
528 license if the applicant is qualified in accordance with the provisions of  
529 sections 38a-160 to 38a-170, inclusive. If the commissioner does not  
530 find the applicant so qualified, [he] the commissioner shall, [within]  
531 not later than thirty days [of] after receipt of the license application  
532 and fee, grant the applicant a full hearing, provided such applicant  
533 shall have requested such hearing within said period. Any hearing  
534 conducted under said sections may be held by the commissioner or  
535 any person duly appointed by [him] the commissioner. [, provided  
536 any] Any person acting as a hearing officer on behalf of the  
537 commissioner shall submit [his] such person's findings and  
538 recommendations to the commissioner for [his] the commissioner's  
539 decision in the matter.

540 (c) The commissioner may issue or renew any license under this  
541 [chapter] part when [he] the commissioner is satisfied that the  
542 applicant (1) is competent and trustworthy and intends to act in good  
543 faith in the capacity of a licensee under the provisions of sections 38a-  
544 160 to 38a-170, inclusive, [;] (2) has a good business reputation and has  
545 had such experience, training or education so as to qualify [him] the  
546 applicant for a license under the provisions of said sections, and (3) if  
547 the applicant is a corporation, that it is either incorporated under the  
548 laws of this state or, if a foreign corporation, it is authorized to transact  
549 business in this state.

550 Sec. 9. Section 38a-251 of the general statutes is repealed and the  
551 following is substituted in lieu thereof (*Effective October 1, 2013*):

552 A risk retention group seeking to be chartered in this state [must]  
 553 shall be chartered and licensed as a liability insurance company  
 554 authorized by the insurance laws of this state and, except as provided  
 555 in sections 38a-250 to 38a-266, inclusive, shall comply with all of the  
 556 laws, rules, regulations and requirements applicable to such insurers  
 557 chartered and licensed in this state, and with section 38a-252 to the  
 558 extent such requirements are not a limitation on laws, rules,  
 559 regulations or requirements of this state. Before it may offer insurance  
 560 in any state, each risk retention group shall also submit for approval to  
 561 the Insurance Commissioner of this state a plan of operation or a  
 562 feasibility study and revisions of such plan or study if the group  
 563 intends to offer any additional lines of liability insurance.

564 Sec. 10. Section 38a-285 of the general statutes is repealed and the  
 565 following is substituted in lieu thereof (*Effective October 1, 2013*):

566 Two or more insurance companies authorized to transact, in this  
 567 state, a marine and transportation insurance business may issue  
 568 combination forms of policies covering such business, using distinctive  
 569 titles therefor, which titles shall appear at the head of the respective  
 570 policies, followed by the titles of the several companies obligated  
 571 thereunder, which policies shall be executed by the officers of each of  
 572 such companies; provided, before such companies issue any such  
 573 combination policy, they shall have received the express permission of  
 574 the commissioner of this state to issue the same, and the titles of such  
 575 proposed policies, and the terms of the additional provisions thereof,  
 576 hereby authorized, shall have been approved by him, which terms  
 577 shall provide substantially, under a separate title therein, to be known  
 578 as "Provisions specially applicable to this combination policy", as  
 579 follows: [(a)] (1) That each company executing such policy shall be  
 580 liable for the full amount of any loss or damage according to the terms  
 581 of the policy, or for a specific percentage thereof; [(b)] (2) that service of  
 582 process, or of any notices required by such policy, upon any of the  
 583 companies executing the same shall be deemed to be service upon all;

584 and provided the unearned premium liability on each policy so issued  
585 shall be maintained by each of such companies on the basis of the  
586 liability of each of the insured thereunder.

587 Sec. 11. Section 38a-288 of the general statutes is repealed and the  
588 following is substituted in lieu thereof (*Effective October 1, 2013*):

589 The commissioner shall [make] adopt regulations, in accordance  
590 with the provisions of chapter 54, governing insurance on personal  
591 property sold under installment or deferred payment contracts or on  
592 personal property pledged as security for a loan and governing any  
593 other insurance sold in connection with such installment or deferred  
594 payment contracts or loans. Such regulations may prescribe [(a)] (1) the  
595 form of notice and policy to be furnished the purchaser or borrower  
596 and the prominence with which any exceptions, restrictions or  
597 limitations shall appear in such notice or policy, [(b)] (2) the records to  
598 be maintained by insurance companies, [(c)] (3) the manner in which  
599 single-interest and dual-interest insurance coverage may be used when  
600 written at the expense of the purchaser or borrower, [(d)] (4) the right  
601 of the purchaser or borrower to notice of any change in his insurance  
602 coverage and to dividends and unearned premiums thereon, and [(e)]  
603 (5) the manner in which premiums on such policies and losses or  
604 claims thereunder shall be paid or adjusted.

605 Sec. 12. Subdivision (6) of subsection (e) of section 38a-363 of the  
606 general statutes is repealed and the following is substituted in lieu  
607 thereof (*Effective October 1, 2013*):

608 (e) "Private passenger motor vehicle" means a: (1) Private passenger  
609 type automobile; (2) station-wagon-type automobile; (3) camper-type  
610 motor vehicle; (4) high-mileage-type motor vehicle, as defined in  
611 section 14-1; (5) truck-type motor vehicle with a load capacity of fifteen  
612 hundred pounds or less, registered as a passenger motor vehicle, as  
613 defined in said section, or as a passenger and commercial motor  
614 vehicle, as defined in said section, or used for farming purposes; or (6)

615 a vehicle with a [commercial] combination registration, as defined in  
616 subdivision (12) of said section. It does not include a motorcycle or  
617 motor vehicle used as a public or livery conveyance.

618 Sec. 13. Subsection (a) of section 38a-364 of the general statutes is  
619 repealed and the following is substituted in lieu thereof (*Effective*  
620 *October 1, 2013*):

621 (a) For the purposes of sections 14-12b and 14-12c, subsection (a) of  
622 section 14-13, sections 14-213b and 14-217 and this section, "private  
623 passenger motor vehicle" [shall have] has the same meaning as in  
624 subsection (e) of section 38a-363, as amended by this act.

625 Sec. 14. Section 38a-416 of the general statutes is repealed and the  
626 following is substituted in lieu thereof (*Effective October 1, 2013*):

627 (a) No title insurer or title insurance agent may accept any order for,  
628 issue a title insurance policy to, or provide services to, an applicant if it  
629 knows or has reason to believe that the applicant was referred to it by  
630 any producer of title insurance business or by any associate of such  
631 producer, where the producer, the associate or both, have a financial  
632 interest in the title insurer or title agent to which business is referred  
633 unless the producer has disclosed to the buyer, seller, lender, the  
634 financial interest of the producer of title insurance business or  
635 associate referring the title insurance business. The disclosure must be  
636 made in writing on forms prescribed by the commissioner. The title  
637 insurer shall maintain the disclosure forms for a period of three years.

638 (b) Each title insurer and title agent shall file with the commissioner  
639 on forms prescribed by the commissioner a report setting forth the  
640 names and addresses of those persons, if any, who have had a financial  
641 interest in the title insurer or title agent during the calendar year, who  
642 are known or reasonably believed by the title insurer to be producers  
643 of title business or associates of producers. Each title insurer licensed  
644 on October 1, 1990, shall file the report required under this subsection

645 within ninety days after October 1, 1990. Each title insurer shall file the  
646 report required under this subsection with its application for a license  
647 and at any time there is a change in the information provided in the  
648 last report.

649 (c) No title insurer or title agent may accept an order for title  
650 insurance business, issue a title insurance policy or receive or retain  
651 any premium, or charge in connection with any transaction if (1) the  
652 title insurer or title agent knows or has reason to believe that the  
653 transaction will constitute controlled business for that title insurer, and  
654 (2) twenty per cent or more of the gross operating revenue of that title  
655 insurer in the calendar year in which the transaction takes place is  
656 derived from controlled business.

657 [(d) For purposes of subsection (c) of this section, the percentage  
658 limitation set forth in subdivision (2) of subsection (c) shall be eighty  
659 per cent in the first calendar year after October 1, 1990, sixty per cent in  
660 the second calendar year after October 1, 1990, forty per cent in the  
661 third calendar year after October 1, 1990, and twenty per cent in any  
662 later calendar year.]

663 [(e)] (d) No license may be issued, renewed or continued for a title  
664 insurer or title agent who fails to comply with this section.

665 Sec. 15. Section 38a-430 of the general statutes is repealed and the  
666 following is substituted in lieu thereof (*Effective October 1, 2013*):

667 (a) No life insurance or annuity policy or contract shall be delivered  
668 or issued for delivery to any person in this state, nor shall any  
669 application, rider or endorsement be used in connection therewith,  
670 until a copy of the form thereof shall have been filed with and  
671 approved by the commissioner. The commissioner shall adopt  
672 regulations, in accordance with the provisions of chapter 54,  
673 establishing a procedure for review of such policies and contracts. The  
674 commissioner shall issue an order disapproving the use of any such

675 form at any time if it does not comply with the requirements of law, or  
676 if it contains a provision or provisions that are unfair or deceptive or  
677 that encourage misrepresentation of the policy. The commissioner  
678 shall specify the reason for the commissioner's disapproval. The  
679 provisions of section 38a-19 shall apply to any such order issued by the  
680 commissioner.

681 (b) Nothing in this chapter shall preclude the issuance of a life  
682 insurance policy or contract including, but not limited to, a long-term  
683 care policy as provided in section 38a-458, that includes an optional  
684 health insurance rider, provided the optional health insurance rider is  
685 filed with and approved by the Insurance Commissioner pursuant to  
686 section 38a-481. Any company offering such policies for sale in this  
687 state shall be licensed to sell health insurance in this state pursuant to  
688 the provisions of section 38a-41.

689 Sec. 16. Section 38a-435 of the general statutes is repealed and the  
690 following is substituted in lieu thereof (*Effective October 1, 2013*):

691 The Insurance Commissioner may make regulations governing the  
692 sale or offer of sale of life insurance products, including annuities,  
693 when such sale or offer involves the replacement of existing policies or  
694 contracts or the borrowing on or lapsing of such existing policies or  
695 contracts. Such regulations may prescribe [(a)] (1) the form in which  
696 such offer or proposal should be made; [(b)] (2) the form of notice to  
697 the insurance companies involved; [(c)] (3) the questions to be  
698 contained in application forms for life insurance products pertaining to  
699 existing insurance; and [(d)] (4) the form of notice to the purchaser.  
700 The commissioner may suspend or revoke the license of any insurance  
701 producer violating any such regulation.

702 Sec. 17. Subsection (g) of section 38a-465e of the general statutes is  
703 repealed and the following is substituted in lieu thereof (*Effective*  
704 *October 1, 2013*):

705 (g) Except as otherwise provided in this section, all examination  
 706 reports, working papers, recorded information, documents and copies  
 707 thereof produced by, obtained by or disclosed to the commissioner or  
 708 any other person in the course of an examination made under this  
 709 section, or in the course of analysis or investigation by the  
 710 commissioner of the financial condition or market conduct of a  
 711 licensee, shall be confidential by law and privileged and shall not be  
 712 subject to section 1-210, subject to subpoena, or subject to discovery or  
 713 be admissible in evidence in any [private] civil action. The  
 714 commissioner is authorized to use the documents, materials or other  
 715 information in the furtherance of any regulatory or legal action  
 716 brought as part of the commissioner's official duties. The licensee  
 717 being examined shall have access to all documents used to make the  
 718 report.

719 Sec. 18. Subsection (b) of section 38a-501 of the general statutes is  
 720 repealed and the following is substituted in lieu thereof (*Effective*  
 721 *October 1, 2013*):

722 (b) No insurance company, fraternal benefit society, hospital service  
 723 corporation, medical service corporation or health care center may  
 724 deliver or issue for delivery any long-term care policy that has a loss  
 725 ratio of less than sixty per cent for any individual long-term care  
 726 policy. An issuer shall not use or change premium rates for a long-  
 727 term care [insurance] policy unless the rates have been filed with and  
 728 approved by the Insurance Commissioner. Any rate filings or rate  
 729 revisions shall demonstrate that anticipated claims in relation to  
 730 premiums when combined with actual experience to date can be  
 731 expected to comply with the loss ratio requirement of this section. A  
 732 rate filing shall include the factors and methodology used to estimate  
 733 irrevocable trust values if the policy includes an option for the  
 734 elimination period specified in subdivision (1) of subsection (a) of this  
 735 section.

736 Sec. 19. Subsection (e) of section 38a-501 of the general statutes is

737 repealed and the following is substituted in lieu thereof (*Effective*  
738 *October 1, 2013*):

739 (e) The Insurance Commissioner shall adopt regulations, in  
740 accordance with chapter 54, that address (1) the insured's right to  
741 information prior to [his] the insured replacing an accident and  
742 sickness policy with a long-term care policy, (2) the insured's right to  
743 return a long-term care policy to the insurer, within a specified period  
744 of time after delivery, for cancellation, and (3) the insured's right to  
745 accept by the insured's signature, and prior to it becoming effective,  
746 any rider or endorsement added to a long-term care policy after the  
747 issuance date of such policy. The Insurance Commissioner shall adopt  
748 such additional regulations as the commissioner deems necessary in  
749 accordance with chapter 54 to carry out the purpose of this section.

750 Sec. 20. Subsection (b) of section 38a-528 of the general statutes is  
751 repealed and the following is substituted in lieu thereof (*Effective*  
752 *October 1, 2013*):

753 (b) No insurance company, fraternal benefit society, hospital service  
754 corporation, medical service corporation or health care center may  
755 deliver or issue for delivery any long-term care policy or certificate  
756 which has a loss ratio of less than sixty-five per cent for any group  
757 long-term care policy. An issuer shall not use or change premium rates  
758 for a long-term care [insurance] policy or certificate unless the rates  
759 have been filed with the Insurance Commissioner. Deviations in rates  
760 to reflect policyholder experience shall be permitted, provided each  
761 policy form shall meet the loss ratio requirement of this section. Any  
762 rate filings or rate revisions shall demonstrate that anticipated claims  
763 in relation to premiums when combined with actual experience to date  
764 can be expected to comply with the loss ratio requirement of this  
765 section. On an annual basis, an insurer shall submit to the Insurance  
766 Commissioner an actuarial certification of the insurer's continuing  
767 compliance with the loss ratio requirement of this section. Any rate or  
768 rate revision may be disapproved if the commissioner determines that

769 the loss ratio requirement will not be met over the lifetime of the policy  
770 form using reasonable assumptions.

771 Sec. 21. Section 38a-538 of the general statutes is repealed and the  
772 following is substituted in lieu thereof (*Effective October 1, 2013*):

773 Each employer shall allow individuals to elect to continue coverage  
774 under a group plan pursuant to section [38a-554] 38a-512a.

775 Sec. 22. Subparagraph (B) of subdivision (1) of subsection (a) of  
776 section 38a-591c of the general statutes is repealed and the following is  
777 substituted in lieu thereof (*Effective October 1, 2013*):

778 (a) (1) Each health carrier shall contract with (A) health care  
779 professionals to administer such health carrier's utilization review  
780 program and oversee utilization review determinations, and (B) [with]  
781 clinical peers to evaluate the clinical appropriateness of an adverse  
782 determination.

783 Sec. 23. Subsection (a) of section 38a-591f of the general statutes is  
784 repealed and the following is substituted in lieu thereof (*Effective*  
785 *October 1, 2013*):

786 (a) Each health carrier shall establish and maintain written  
787 procedures for (1) [for] the review of grievances of adverse  
788 determinations that were not based on medical necessity, and (2)  
789 notifying covered persons or covered persons' authorized  
790 representatives of such adverse determinations.

791 Sec. 24. Subsection (c) of section 38a-696 of the general statutes is  
792 repealed and the following is substituted in lieu thereof (*Effective*  
793 *October 1, 2013*):

794 (c) Reports filed pursuant to subsection (b) of this section shall  
795 include the following data, both specific to the state and country-wide,  
796 on a calendar year basis by the type of insurance for the previous

797 calendar year ending on the thirty-first day of December next  
798 preceding; [Such data include:] (1) Direct premiums written; (2) direct  
799 premiums earned; (3) incurred loss and loss adjustment expense; (4)  
800 incurred expenses; and (5) policyholder dividends. For purposes of  
801 this subsection, estimates may be used where credible data are  
802 unavailable.

803 Sec. 25. Subsections (c) to (e), inclusive, of section 38a-720c of the  
804 general statutes are repealed and the following is substituted in lieu  
805 thereof (*Effective October 1, 2013*):

806 (c) The commissioner shall have access for the purposes of  
807 examination, audit and inspection to books and records maintained by  
808 a third-party administrator. Any documents, materials or other  
809 information in the possession or control of the commissioner that are  
810 obtained by the commissioner from a third-party administrator,  
811 insurer, insurance producer or employee or agent thereof acting on  
812 behalf of such third-party administrator, insurer or insurance  
813 producer, in an investigation, examination or audit shall (1) be  
814 confidential by law and privileged; (2) not be subject to disclosure  
815 under section 1-210; (3) not be subject to subpoena; and (4) not be  
816 subject to discovery or admissible in evidence in any [private] civil  
817 action. The commissioner may use such documents, materials or other  
818 information in the furtherance of any regulatory or legal action  
819 brought as a part of the commissioner's official duties.

820 (d) Neither the commissioner nor any person who receives  
821 documents, materials or other information as set forth in subsection (c)  
822 of this section while acting under the authority of the commissioner  
823 shall testify or be required to testify in any [private] civil action  
824 concerning such documents, materials or information.

825 (e) To assist the commissioner in the performance of the  
826 commissioner's duties, the commissioner may:

827 (1) Share documents, materials or other information, including  
828 documents, materials or other information deemed confidential and  
829 privileged pursuant to subsection (c) of this section, with other state,  
830 federal and international regulatory agencies, the National Association  
831 of Insurance Commissioners or its affiliates or subsidiaries and state,  
832 federal and [international] foreign law enforcement authorities,  
833 provided the recipient of such documents, materials or other  
834 information agrees to maintain the confidentiality and privileged  
835 status of such documents, materials or other information;

836 (2) Receive documents, materials or other information, including  
837 confidential and privileged documents, materials or other information  
838 from the National Association of Insurance Commissioners or its  
839 affiliates or subsidiaries and from regulatory and law enforcement  
840 officials of foreign or domestic jurisdictions. The commissioner shall  
841 maintain as confidential or privileged any documents, materials or  
842 other information received with notice or the understanding that such  
843 documents, materials or other information are confidential or  
844 privileged under the laws of the jurisdiction that is the source of such  
845 documents, materials or other information; and

846 (3) Enter into agreements governing the sharing and use of  
847 information consistent with this subsection.

848 Sec. 26. Subdivision (7) of section 38a-1084 of the general statutes is  
849 repealed and the following is substituted in lieu thereof (*Effective*  
850 *October 1, 2013*):

851 (7) Publish the average costs of licensing, regulatory fees and any  
852 other payments required by the exchange and the administrative costs  
853 of the exchange, including information on [monies] moneys lost to  
854 waste, fraud and abuse, on an Internet web site to educate individuals  
855 on such costs;

856 Sec. 27. Section 31-331 of the general statutes is repealed and the

857 following is substituted in lieu thereof (*Effective October 1, 2013*):

858 Except as herein otherwise provided, such associations shall be  
 859 subject to the same regulation and control as is or may be imposed by  
 860 law upon other corporations or associations taking similar risks in this  
 861 state, and over them the Insurance Commissioner shall have all the  
 862 jurisdiction given him by sections 38a-14 and 38a-17, as amended by  
 863 this act, over insurance companies, provided with respect to any such  
 864 association organized prior to June 6, 1996, with a membership  
 865 composed exclusively of health care providers and whose premium  
 866 base is derived entirely from health care organizations, the  
 867 commissioner may accept a statement of financial condition that shall  
 868 be audited by an independent certified public accountant using  
 869 generally accepted accounting principles if such statement also  
 870 includes a conversion to the accounting standards prescribed by  
 871 section 38a-70. Such statement of financial condition shall be submitted  
 872 to the commissioner by such association, annually, on or before the  
 873 first day of March, signed and sworn to by its president or vice  
 874 president and secretary or an assistant secretary, of its financial  
 875 condition on the thirty-first day of December next preceding, prepared  
 876 in such form and detail as may be prescribed by the commissioner and  
 877 shall include a certification by an actuary or reserve specialist of all  
 878 reserve liabilities prepared in accordance with subsection [(e)] (f) of  
 879 section 38a-53, as amended by this act. In addition to such annual  
 880 statement of financial condition, any such association shall file,  
 881 quarterly, unaudited financial statements using generally accepted  
 882 accounting principles if such statements also include a conversion to  
 883 the accounting standards prescribed by section 38a-70.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2013</i>	38a-8
Sec. 2	<i>October 1, 2013</i>	38a-9(b)
Sec. 3	<i>October 1, 2013</i>	38a-14

Sec. 4	October 1, 2013	38a-53
Sec. 5	October 1, 2013	38a-130(b)(1)(M)
Sec. 6	October 1, 2013	38-132(a)(2)
Sec. 7	October 1, 2013	38a-162
Sec. 8	October 1, 2013	38a-163
Sec. 9	October 1, 2013	38a-251
Sec. 10	October 1, 2013	38a-285
Sec. 11	October 1, 2013	38a-288
Sec. 12	October 1, 2013	38a-363(e)(6)
Sec. 13	October 1, 2013	38a-364(a)
Sec. 14	October 1, 2013	38a-416
Sec. 15	October 1, 2013	38a-430
Sec. 16	October 1, 2013	38a-435
Sec. 17	October 1, 2013	38a-465e(g)
Sec. 18	October 1, 2013	38a-501(b)
Sec. 19	October 1, 2013	38a-501(e)
Sec. 20	October 1, 2013	38a-528(b)
Sec. 21	October 1, 2013	38a-538
Sec. 22	October 1, 2013	38a-591c(a)(1)(B)
Sec. 23	October 1, 2013	38a-591f(a)
Sec. 24	October 1, 2013	38a-696(c)
Sec. 25	October 1, 2013	38a-720c(c) to (e)
Sec. 26	October 1, 2013	38a-1084(7)
Sec. 27	October 1, 2013	31-331

**Statement of Purpose:**

To make technical, conforming and minor changes to the insurance and related statutes.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*